



City of
SANTA CLARITA

23920 Valencia Boulevard • Suite 300 • Santa Clarita, California 91355-2196

Phone: (661) 259-2489 • FAX: (661) 259-8125

www.santa-clarita.com

Dear Camp Clarita Parents:

The City of Santa Clarita Parks, Recreation, and Community Services Department welcomes you to Camp Clarita! Camp Clarita exists to provide campers with a fun and adventurous environment that fosters growth and development through recreational and creative activities such as games, crafts, skits, swimming, field trips, and more!

Registration Packet Includes:

- Camper Health History Form
- Camp Clarita Registration Form
- Payment Plan Form (if needed)
- Enrollment Agreement
- Code of Conduct
- Change Form (if needed)

For walk-in registration, please fill out each form completely and bring them to the Santa Clarita Sports Complex Aquatic Center with your payment. All forms must be completed in their entirety by the parents/guardian; incomplete forms will not be accepted. You may take advantage of our payment plan if you register at least two weeks in advance. Registrations made within two weeks of the start of the week/session must be paid in full at the time of registration. For online registrations, you must only complete the Camper Health History form and Enrollment Agreement form, and you may do so online by visiting campclarita.com.

Please make sure you review the Camp Clarita Parent Handbook for detailed information on policies and procedures. You can pick one up from the registration counter or view online at campclarita.com.

Camp Clarita T-shirts must be worn daily. Each camper (excluding Voyager) will receive one T-shirt per paid enrollment regardless of how many weeks they are enrolled. Additional T-shirts may be purchased for \$8 at the time of registration or at the camp site (check only).

If you have any questions, please contact the Camp Clarita office at (661) 284-1465, or campclarita@santa-clarita.com. Thank you for choosing Camp Clarita to enrich your child's development this summer and we look forward to meeting you and your child.

See you this summer!

Lisa Nikkila
Day Camp Supervisor

Jennifer Lindstrom
Day Camp Coordinator



City of Santa Clarita Parks, Recreation, and Community Services Department
2015 Camp Clarita Health History Form

PARTICIPANT INFORMATION

Last Name _____ First Name _____ Age* _____ Date of Birth _____
Gender (circle one): Male / Female Parent/guardian email address: _____
Address: _____ City: _____ Zip Code: _____ Home Phone: _____

PARENT/GUARDIAN INFORMATION: AUTHORIZED TO PICK UP AND OBTAIN/CHANGE REGISTRATION INFORMATION

☐ Check here if address is the same as participant

Father/Guardian (Full Name): _____ Work Phone: _____ Cell Phone: _____

Address: _____ City: _____ Zip Code: _____ Home Phone: _____

☐ Check here if address is the same as participant

Mother/Guardian (Full Name): _____ Work Phone: _____ Cell Phone: _____

Address: _____ City: _____ Zip Code: _____ Home Phone: _____

PROGRAM INFORMATION

Camp Program: ☐ Wee Folks ☐ Little Folks ☐ Junior Adventures
☐ Ranger Camp ☐ Explorer Camp ☐ Voyager Camp

Camp Location: ☐ Canyon Country Park ☐ Newhall Park ☐ North Oaks Park
☐ Santa Clarita Park ☐ Valencia Glen Park ☐ Valencia Meadows Park

EMERGENCY CONTACT AND PERSONS AUTHORIZED TO PICK UP MY CHILD (other than parents, must be at least 16 years of age):

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

SWIM ABILITIES FOR RANGER, EXPLORER, AND VOYAGER CAMPERS: (check one only)

- ☐ Wee Folks, Little Folks and Junior Adventures N/A
☐ Requires life vest (*parents may need to provide*) ☐ Not a strong swimmer but can touch in shallow water. No life vest required
☐ Moderate swim ability/taken some swim lessons ☐ Fully able to swim and may take swim test with lifeguards in order to swim in deep water and jump off diving board

HEALTH INFORMATION

The information you provide here will be held in the strictest confidence. It will be kept on file in our binder or carried by the camp director on field trips.

Name of Physician _____ Address _____ Phone # _____

Allergies Yes ☐ No ☐ If yes, please list the allergies and describe the severity of the reaction (medication, seasonal, food, etc.)

If your child has any special need that requires specific accommodations so your child can fully enjoy camp, please contact Araz Valijan at (661) 250-3719, or avalijan@santa-clarita.com. To ensure appropriate accommodations, please request inclusion services a **minimum** of two weeks in advance.

Will your child need to take medication while at camp? Yes ☐ No ☐

Any medication dispensed to your child must be brought to camp in its original prescription container and a **separate form** must be completed.

INSURANCE INFORMATION

Carrier/Plan Name _____ Group # _____ Name of Insured _____

Address _____ Phone # _____ Relationship to Camper _____

*We reserve the right to request proof of age at any time.

PERMISSION TO PARTICIPATE / CAMP POLICIES AND PROCEDURES

I have the authority and voluntarily agree for my child to participate in City operated activities or programs, or any extension thereof.

I hereby waive, release, and hold harmless from any liability or claims for damages for personal injury, including death, as well as from claims or property damage which may arise in connection with such activities or programs, against the Supervisors, City of Santa Clarita, and its elected and appointed officials, agents, and employees. As a parent/guardian, I hereby consent to treatment of my minor child for any and all medical procedures deemed necessary as a result of accident or injury. I further agree to pay any and all costs incurred as a result of said treatment. I hereby give permission to the City of Santa Clarita to use my child(ren)'s photographs as they see fit for promotional purposes. I understand the photographs belong to the City and I will not receive payment of any kind.

Parent/Guardian Signature: _____ Date: _____

Camp Clarita Registration Form

Step 1 Camper Name: _____ Age: _____

Step 2 Additional Camp Clarita T-shirts (Additional T-shirts are optional) \$8.00 per shirt

(Each camper receives one T-shirt per paid enrollment regardless of how many weeks/sessions they attend. T-shirts will be given on their first day of camp for Wee Folks, Little Folks, Junior Adventures, Ranger, and Explorer Camps. Voyager Campers do not wear camp shirts.)

Size	Quantity	Size	Quantity
Youth X-Small (2-4)		Adult Small	
Youth Small (6-8)		Adult Medium	
Youth Medium (10-12)		Adult Large	
Youth Large (14-16)			

Total number of shirts _____ x \$8.00 = \$ _____

Step 3 Wee Folks Camp Only: Ages 3-4 by the start of camp 9:00 a.m. – 12:30 p.m. (Proceed to Step 9)

Session	Dates	Days	Park	Fee	Check Box to Enroll
1	June 15-July 8	M/W	Canyon Country Park	\$132	
1	June 16-July 9	T/Th	Canyon Country Park	\$132	
1	June 16-July 9	T/Th	Valencia Glen Park	\$132	
2	July 13-Aug. 5	M/W	Canyon Country Park	\$132	
2	July 14-Aug. 6	T/Th	Canyon Country Park	\$132	
2	July 14-Aug. 6	T/Th	Valencia Glen Park	\$132	

Total Fees = _____

Step 4 Little Folks Camp Only: Ages 4-5 by the start of camp 9:00 a.m. – 1:00 p.m. (Proceed to Step 9)

Session	Dates	Days	Park	Fee	Check Box to Enroll
1	June 15-July 10	M/W/F	Canyon Country Park	\$207 (no camp 7/3)	
1	June 15-July 10	M/W/F	Valencia Glen Park	\$207 (no camp 7/3)	
1	June 16-July 9	T/Th	Canyon Country	\$150	
2	July 13-Aug. 7	M/W/F	Canyon Country Park	\$226	
2	July 13-Aug. 7	M/W/F	Valencia Glen Park	\$226	
2	July 14-Aug. 6	T/Th	Canyon Country Park	\$150	

Total Fees = _____

Step 5 Junior Adventures Camp Only: Ages 3-5 by the start of camp 8:00 a.m. – 5:00 p.m. (Proceed to Step 9)

Week	Dates	Days	Park	Fee	Check Box to Enroll
1	June 15-19	M-F	Newhall Park	\$105	
2	June 22-26	M-F	Newhall Park	\$105	
3	June 29-July 3	M-F	Newhall Park	\$84 (no camp 7/3)	
4	July 6-10	M-F	Newhall Park	\$105	
5	July 13-17	M-F	Newhall Park	\$105	
6	July 20-24	M-F	Newhall Park	\$105	
7	July 27-31	M-F	Newhall Park	\$105	
8	August 3-7	M-F	Newhall Park	\$105	

Total Fees = _____

Step 6 Ranger Camp Only: Ages 5-8 by the start of camp 7:00 a.m. – 6:00 p.m. (Proceed to Step 9)

Week	Dates	Park Location (please check box to select park location)			Options (please check box to select option)		
		North Oaks Park	Santa Clarita Park	Valencia Meadows Park	M-F \$169	M/W/F \$133	T/TH \$78
1	June 15-19						
2	June 22-26						
3	June 29-July 3 (no camp 7/3*)				\$144- M-Th	\$108 – M/W	
4	July 6-10						
5	July 13-17						
6	July 20-24						
7	July 27-31						
8	August 3-7						

Total Fees = _____

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Step 7 Explorer Camp Only: Ages 8-12 by the start of camp 7:00 a.m. – 6:00 p.m. (Proceed to Step 9)

Week	Dates	Park Location (please check box to select park location)			Options (please check box to select option)		
		North Oaks Park	Santa Clarita Park	Valencia Meadows Park	M-F \$169	M/W/F \$133	T/TH \$78
1	June 15-19						
2	June 22-26						
3	June 29 – July 3 (no camp 7/3*)				\$144- M-Th	\$108 – M/W	
4	July 6-10						
5	July 13-17						
6	July 20-24						
7	July 27-31						
8	August 3-7						

Total Fees = _____

Step 8 Voyager Camp Only: Ages 11-15 by the start of camp 7:00 a.m. – 6:00 p.m. (Proceed to Step 9)

Week	Dates	Park Location (please check box to select park location)		Options (please check box to select option)		
		Santa Clarita Park	Valencia Meadows Park	M-F \$230	M/W/F \$193	T/TH \$127
1	June 16-20					
2	June 23-27					
3	June 30 – July 4 (no camp 7/4*)			\$200- M-Th	\$127 – M/W	
4	July 7-11					
5	July 14-18					
6	July 21-25					
7	July 28 – Aug. 1					
8	August 4-8					

Total Fees = _____

Step 9 Payment Option:

I choose the following payment option:

- ☐ Option 1: Payment in full
- ☐ Option 2: Payment Plan - \$30 non-refundable and non-transferable deposit per child per week to hold spot. Balance remaining is due two weeks prior to camp. **Please complete Payment Plan Form.**

Step 10 Original Payment Method Check/Money Order ☐ Credit/Debit Card: Visa ☐ Mastercard ☐ AmEx ☐ Discover ☐

If paying by check or money order:

Check # _____ Driver's License # _____ State Issued _____ Exp. Date ____/____/____

If paying by credit card:

Name on Credit Card: _____ Signature: _____

Credit Card # _____ Exp. Date: ____/____/____ CVV Code: _____

For Office Use Only:

Payment Amount: \$ _____ Date Processed: _____ Receipt # _____ Staff's Initials: _____



2015 Camp Clarita Payment Plan Form



If enrolling in the payment plan, please complete this form in its entirety.

PARTICIPANT INFORMATION

Child's Name: _____ Camp Program: _____

PAYMENT INFORMATION

I understand that I have selected to participate in the payment plan for Camp Clarita. A \$30 non-refundable and non-transferable deposit per child per week has been paid to hold a spot. The remaining balance is due two weeks prior to the start of the week. Payee is responsible to sign into their Rec1 account or follow the secure link that will be emailed out prior to the due date.

If the balance is not received by the due date, the Camp office will process the payment using the credit card information below.

The payments for each week are due as follows:

- 1st Week **or** 1st Session Due: 6/1/2015
- 2nd Week Due: 6/8/2015
- 3rd Week Due: 6/15/2015
- 4th Week Due: 6/22/2015
- 5th Week **or** 2nd Session Due: 6/29/2015
- 6th Week Due: 7/6/2015
- 7th Week Due: 7/13/2015
- 8th Week Due: 7/20/2015

Credit Card to be charged on the above dates:

☐ Visa ☐ Mastercard ☐ AmEx ☐ Discover

Name on Credit Card: _____ Signature: _____

Credit Card # _____ Exp. Date: ____/____/____ CVV Code: _____

If payment is not received on the due date, the deposit will be forfeited and your child(ren)'s spot will be made available to others. Deposits are non-refundable and non-transferable.

By signing this form, you agree to all of the terms listed above.

Parent's Name: _____ Parent's Signature: _____

For Office Use Only:

Payment #1: \$ _____	Date Processed: _____	Receipt # _____	Staff's Initials: _____
Payment #2: \$ _____	Date Processed: _____	Receipt # _____	Staff's Initials: _____
Payment #3: \$ _____	Date Processed: _____	Receipt # _____	Staff's Initials: _____
Payment #4: \$ _____	Date Processed: _____	Receipt # _____	Staff's Initials: _____
Payment #5: \$ _____	Date Processed: _____	Receipt # _____	Staff's Initials: _____
Payment #6: \$ _____	Date Processed: _____	Receipt # _____	Staff's Initials: _____
Payment #7: \$ _____	Date Processed: _____	Receipt # _____	Staff's Initials: _____
Payment #8: \$ _____	Date Processed: _____	Receipt # _____	Staff's Initials: _____



Camp Clarita Enrollment Agreement

Each number must be initialed (not checked) in order for your child to participate.



Camper's Name _____ Camp Program _____

- _____ Initial 1. I acknowledge that I have reviewed the Camp Clarita Parent Handbook and agree to adhere to the policies and procedures outlined. I have also reviewed this pertinent information with my child so they can follow the guidelines as well.
- _____ Initial 2. I understand that my child must adhere to the Discipline Policy outlined in the Parent Handbook. If my child fails to meet behavioral expectations, they may be temporarily or permanently suspended from the program without refund.
- _____ Initial 3. I understand that registration for each program closes the Wednesday prior to the start of the week or session at 5:00 p.m. Enrollments will not be accepted after this time.
- _____ Initial 4. If I participate in the payment plan, I understand that I am responsible for payment for the weeks I have signed up for.
 - By enrolling in the payment plan, I am responsible for signing into my account weekly and making the payment by the due date or by following the secured link that will be emailed.The balance must be received no later than two weeks prior to the start of the week or my deposit will be forfeited and my child's spot will be made available to others. **The deposit is non-refundable and non-transferable.**
- _____ Initial 5. I understand that all requests for refunds must be submitted in writing to the Camp Clarita office by completing a Change Form at least **10 business days** prior to the start of the week. For each week refunded, a **\$30 charge per child, per week or session** is withheld regardless of reason for refund. No refunds will be issued after this deadline. All requests for transfers, or addition of weeks/sessions must be submitted in writing to the Camp Clarita office by completing a Change Form the Wednesday prior to the start of week by 5:00 p.m.
- _____ Initial 6. I understand there are no make-ups for days missed at camp for any reason and my child may not attend camp on days they are not signed up for. Prorated refunds are not issued for campers who do not attend field trips and admission tickets are not distributed.
- _____ Initial 7. I understand the illness policy and will refrain from sending my child to camp when they are sick.
- _____ Initial 8. I understand that all medication must be checked in with the site Director and a Medication Consent form must be completed.
- _____ Initial 9. I understand that I must sign my child in and out of Camp Clarita daily. I must also be prepared to show photo identification in order to pick up my child.
- _____ Initial 10. I understand that only authorized people listed on the Health History form will be allowed to pick-up my child from camp. Should I wish to have my child released to another adult, I will send written authorization and they will be required to show photo identification.
- _____ Initial 11. I understand that camp hours are from 7:00 a.m. – 6:00 p.m. for Ranger, Explorer and Voyager, 8:00 a.m. – 5:00 p.m. for Junior Adventures, 9:00 a.m. – 12:30 p.m. for Wee Folks, and 9:00 a.m. – 1:00 p.m. for Little Folks. If I pick my child up after camp closes, I will be required to pay \$5/child for each 15-minute increment, or portion thereof, in which I am late. Payment is due and made payable by check the day I am late. On the third offense, my child will be suspended from the program until arrangements can be made to ensure they are picked up on time.
- _____ Initial 12. I understand that my child will be participating in many types of activities (i.e. field trips and swimming for Ranger, Explorer, and Voyager, water play, playground structures, etc.). I hereby authorize my child to participate in these activities.
- _____ Initial 13. I understand that my child will be required to wear their Camp Clarita T-shirt daily (except Voyager). If my child arrives to camp without a Camp Clarita T-shirt, they will be given one and I must pay \$8 via check when my child is picked up.
- _____ Initial 14. I understand that photos of my child may be taken while at Camp Clarita and may be used by the City of Santa Clarita for promotional purposes.
- _____ Initial 15. I, on behalf of my minor child, agree to abide by the policies and conditions of the City of Santa Clarita Parks, Recreation, and Community Services Department "Code of Conduct."

Parent/Guardian Name _____

Parent/Guardian Signature _____

Date _____



CAMP CLARITA

PROGRAM PARTICIPANT CODE OF CONDUCT

The benefits of Recreation and Community Services are endless - promoting health, building strong families, and creating a sense of community. To insure the quality of programs and public safety, all program participants, parents, spectators, coaches, and volunteers must abide by this Code of Conduct:

- All persons shall act with respect towards others; respect their privacy, and personal safety
- All persons shall treat and respect public and private property, City facilities, and equipment with respect
- Observe program rules and regulations at all times
- Behave in a responsible manner, always exercising self-discipline
- Cooperate with or assist the City staff in maintaining safety, order, and discipline

NEVER TOLERATED AND REASON FOR IMMEDIATE REMOVAL AND DISMISSAL

- Abusive language or disrespect towards a staff member, volunteer, another participant, or member of the public
- Discourtesy or rudeness to a fellow participant, staff member, or volunteer
- Verbal, physical, or visual harassment of another participant, staff member, or member of the public of any kind
- Bullying or taking unfair advantage of any participant
- Possession or usage of alcoholic beverages or illegal drugs on the City of Santa Clarita property, or reporting to the program while under the influence of drugs or alcohol
- Possession of dangerous or unauthorized materials such as firearms, weapons, or other similar items on City property
- Conduct endangering the life, safety, health, or well being of others
- Failure to leave area in the condition in which you found it, including restrooms, gym, hallways, and any other area used - this includes vandalism/graffiti
- Failure to follow any Department of Parks, Recreation, and Community Services policy or procedures



City of Santa Clarita Parks, Recreation and Community Services Department
2015 Camp Clarita Change Form



Child's Name: _____ Date of Request: _____

All requests for refunds, transfers, or addition of weeks must be submitted in writing to the Camp Clarita office by completing the Change Form. Forms can be submitted directly to the Camp Clarita office through campclarita.com, fax at (661) 253-2567, or emailed to campclarita@santa-clarita.com. Change Forms must be submitted by the appropriate deadline. **All requests to transfer or add additional weeks/days/programs will be based on availability and deadline requirements.** You will be notified by the Camp Clarita office of the status of your request once written notification has been received.

REFUND POLICY

- A refund will be given when request is received by the Camp Clarita office at least **10 business days** prior to the start of the week enrolled.
- For each week refunded, a **\$30 charge per child, per week or session** is withheld regardless of reason for refund.
- A refund will not be issued for days missed in a week or session and there are no make-up days. Prorated refunds are not issued for campers who do not attend field trips and admission tickets are not distributed.
- Any refund of camp fees may take up to one week after notification is received to be processed.
- After a refund has been issued, credit card refunds may take up to seven business days depending on your credit card company/bank and check refunds may take up to three weeks to receive.
- No refunds will be issued after the 10 business day deadline.** Camp Clarita's advance reservation of buses, admission tickets, scheduling of staff, etc. does not enable us to refund camp fees after the deadline regardless of the reason for non-attendance.
- \$30 deposit for the payment plan is non-refundable and non-transferable** as a spot has been held for your child.

CAMP TRANSFERS OR ADDITIONS

- Transfer requests must be received by the Camp Clarita office no later than the Wednesday prior to the start of the week at 5:00 p.m. Requests for addition of weeks must be submitted to the Camp Clarita office by the Wednesday prior to the beginning of the week at 5:00 p.m.

WEE AND LITTLE FOLKS CAMPERS
Please circle the session you would like to cancel, add or transfer:

Session	Program	Dates	Location* (please circle one)	Currently Registered (if only adding sessions, please leave blank)	Circle One	Change/Add to
1	Wee Folks	June 15 – July 9	CCP	M/W or Tu/Th	Cancel Transfer Add	M/W or Tu/Th
1	Wee Folks	June 16 – July 9	VGP	Tu/Th	Cancel Transfer Add	Tu/Th
2	Wee Folks	July 13 – August 6	CCP	M/W or Tu/Th	Cancel Transfer Add	M/W or Tu/Th
2	Wee Folks	July 14 – August 6	VGP	Tu/Th	Cancel Transfer Add	Tu/Th
1	Little Folks	June 15 – July 10	CCP	M/W/F or Tu/Th	Cancel Transfer Add	M/W/F or Tu/Th
1	Little Folks	June 15 – July 10	VGP	M/W/F	Cancel Transfer Add	M/W/F
2	Little Folks	July 13 – August 7	CCP	M/W/F or Tu/Th	Cancel Transfer Add	M/W/F or Tu/Th
2	Little Folks	July 13 – August 7	VGP	M/W/F	Cancel Transfer Add	M/W/F or Tu/Th

*Canyon Country Park (CCP), Valencia Glen Park (VGP)

JUNIOR ADVENTURES, RANGER, EXPLORER AND VOYAGER CAMPERS
Please circle the week you would like to cancel, add or transfer:

Week	Program (please circle one)	Dates	Location* (please circle one)	Currently Registered (if only adding weeks, please leave blank)	Circle One	Change/Add to
1	Junior Adventures Ranger Explorer Voyager	June 15 – 19	NP NOP SCP VMP	M-F or M/W/F or T/Th	Cancel Transfer Add	M-F or M/W/F or T/Th
2	Junior Adventures Ranger Explorer Voyager	June 22 - 26	NP NOP SCP VMP	M-F or M/W/F or T/Th	Cancel Transfer Add	M-F or M/W/F or T/Th
3	Junior Adventures Ranger Explorer Voyager	June 29 – July 3 (No Camp 7/3)	NP NOP SCP VMP	M-Th or M/W or T/Th	Cancel Transfer Add	M-Th or M/W or T/Th
4	Junior Adventures Ranger Explorer Voyager	July 6 – 10	NP NOP SCP VMP	M-F or M/W/F or T/Th	Cancel Transfer Add	M-F or M/W/F or T/Th
5	Junior Adventures Ranger Explorer Voyager	July 13 - 17	NP NOP SCP VMP	M-F or M/W/F or T/Th	Cancel Transfer Add	M-F or M/W/F or T/Th
6	Junior Adventures Ranger Explorer Voyager	July 20 – 24	NP NOP SCP VMP	M-F or M/W/F or T/Th	Cancel Transfer Add	M-F or M/W/F or T/Th
7	Junior Adventures Ranger Explorer Voyager	July 27 – 31	NP NOP SCP VMP	M-F or M/W/F or T/Th	Cancel Transfer Add	M-F or M/W/F or T/Th
8	Junior Adventures Ranger Explorer Voyager	August 3 – 7	NP NOP SCP VMP	M-F or M/W/F or T/Th	Cancel Transfer Add	M-F or M/W/F or T/Th

* Newhall Park (NP), North Oaks Park (NOP), Santa Clarita Park (SCP), Valencia Meadows Park (VMP)

Please state the reason for the request: _____

Parent Name: _____ Parent Signature: _____ Email: _____

PAYMENT INFORMATION (complete only if balance due):

Credit Card # _____ Exp. Date: ____/____/____ CVV Code: _____

Payee Name: _____ Payee Signature: _____

Check #: _____ Drivers License #: _____ State Issued: _____ Exp. Date: ____/____/____

For Office Use Only: Date Received by Staff: _____

Staff Initials: _____

Receipt #: _____

